

48 HOUR NOTICE OF CONTRIBUTIONS/LOANS RECEIVED

(See Reverse Side for Instructions)

To be used to report all contributions (including loans) of \$1000 or more, received within 20 days of the election.

1. NAME OF COMMITTEE IN FULL BLAINE FOR CONGRESS																																																
ADDRESS (number and street) PO BOX 1025																																																
CITY, STATE, and ZIP CODE JEFFERSON CITY MO 65102																																																
2. NAME OF CANDIDATE W BLAINE LUETKEMEYER		3. OFFICE SOUGHT (State and District) House MO 03																																														
4. FEC IDENTIFICATION NUMBER C00458679																																																
5. IS THIS AN AMENDMENT? <input type="checkbox"/> NO, THIS IS A NEW FILING <input checked="" type="checkbox"/> YES, IT AMENDS THE NOTICE FILED ON 11 / 23 / 2014																																																
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 45%;">A. FULL NAME, MAILING ADDRESS AND ZIP CODE</th> <th style="width: 20%;">Name of Employer</th> <th style="width: 15%;">Date (month, day, year)</th> <th style="width: 20%;">Amount</th> </tr> <tr> <td rowspan="2" style="vertical-align: top;"> AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE 25 MASSACHUSETTS AVENUE, NW SUITE 600 WASHINGTON DC 20001 </td> <td>Transaction ID : F6.14069</td> <td rowspan="2" style="vertical-align: top;">10/22/2014</td> <td rowspan="2" style="vertical-align: top;">2000.00</td> </tr> <tr> <td>Occupation</td> </tr> <tr> <th style="vertical-align: top;">B. FULL NAME, MAILING ADDRESS AND ZIP CODE</th> <th style="vertical-align: top;">Name of Employer</th> <th style="vertical-align: top;">Date (month, day, year)</th> <th style="vertical-align: top;">Amount</th> </tr> <tr> <td rowspan="2" style="vertical-align: top;"> CENTURYLINK INC. EMPLOYEES' POLITICAL ACTION COMMITTEE 150 Fayetteville Street Mall Suite 2810 Raleigh NC 27601 </td> <td>Transaction ID : F6.13806</td> <td rowspan="2" style="vertical-align: top;">10/22/2014</td> <td rowspan="2" style="vertical-align: top;">1000.00</td> </tr> <tr> <td>Occupation</td> </tr> <tr> <th style="vertical-align: top;">C. FULL NAME, MAILING ADDRESS AND ZIP CODE</th> <th style="vertical-align: top;">Name of Employer</th> <th style="vertical-align: top;">Date (month, day, year)</th> <th style="vertical-align: top;">Amount</th> </tr> <tr> <td rowspan="2"></td> <td>Occupation</td> <td rowspan="2"></td> <td rowspan="2"></td> </tr> <tr> <td></td> </tr> <tr> <th style="vertical-align: top;">D. FULL NAME, MAILING ADDRESS AND ZIP CODE</th> <th style="vertical-align: top;">Name of Employer</th> <th style="vertical-align: top;">Date (month, day, year)</th> <th style="vertical-align: top;">Amount</th> </tr> <tr> <td rowspan="2"></td> <td>Occupation</td> <td rowspan="2"></td> <td rowspan="2"></td> </tr> <tr> <td></td> </tr> <tr> <th style="vertical-align: top;">E. FULL NAME, MAILING ADDRESS AND ZIP CODE</th> <th style="vertical-align: top;">Name of Employer</th> <th style="vertical-align: top;">Date (month, day, year)</th> <th style="vertical-align: top;">Amount</th> </tr> <tr> <td rowspan="2"></td> <td>Occupation</td> <td rowspan="2"></td> <td rowspan="2"></td> </tr> <tr> <td></td> </tr> </table>				A. FULL NAME, MAILING ADDRESS AND ZIP CODE	Name of Employer	Date (month, day, year)	Amount	AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE 25 MASSACHUSETTS AVENUE, NW SUITE 600 WASHINGTON DC 20001	Transaction ID : F6.14069	10/22/2014	2000.00	Occupation	B. FULL NAME, MAILING ADDRESS AND ZIP CODE	Name of Employer	Date (month, day, year)	Amount	CENTURYLINK INC. EMPLOYEES' POLITICAL ACTION COMMITTEE 150 Fayetteville Street Mall Suite 2810 Raleigh NC 27601	Transaction ID : F6.13806	10/22/2014	1000.00	Occupation	C. FULL NAME, MAILING ADDRESS AND ZIP CODE	Name of Employer	Date (month, day, year)	Amount		Occupation				D. FULL NAME, MAILING ADDRESS AND ZIP CODE	Name of Employer	Date (month, day, year)	Amount		Occupation				E. FULL NAME, MAILING ADDRESS AND ZIP CODE	Name of Employer	Date (month, day, year)	Amount		Occupation			
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SIGNATURE (optional) Brice A. Luetkemeyer <div style="text-align: right;">[Electronically Filed]</div>		DATE 12/03/2014																																														
For further information contact: Federal Election Commission 999 E Street, NW, Washington, DC 20463 Toll Free 800-424-9530, Local 202-694-1100																																																

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Any information copied from reports and statements filed under the Federal Election Campaign Act may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes other than using the name and address of any political committee to solicit contributions from such committee.

FEC FORM 6

(Revised 07/2011)